

**UTAH STATE DEPARTMENT OF HUMAN SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH**

APPLICATION FOR DUI INSTRUCTOR RE-CERTIFICATION

Full Name

Employing Agency

Home Address & Zip Code

Business Address & Zip Code

(____)_____

(____)_____

Home Phone

Agency Phone

Social Security Number

Employment Starting Date

Program License #

Applicant's Signature

Date of Signature

December 3-4, 2004 (8:00-5:00)

Prime Hotel

215 South Temple

Salt Lake City, Utah

801-531-7500

Breakfast and afternoon break included.

SUBMIT THIS FORM TO:

Victoria Delheimer, Program Manager

State Division of Substance Abuse and Mental Health

120 North 200 West, Room 209

Salt Lake City, UT 84103

Phone: (801) 538-4379

Fax: (801) 538-9892